



# CONSTRUCTION SAFETY EXCELLENCE AWARDS APPLICATION: PART I

**Do you have a nomination letter from your Chapter?**

Continue with the application.  
Contact your Chapter or AGC of America for further assistance.

**Have you submitted the \$200 entry fee payable to AGC of America?**

Continue with the application.  
Please contact Kevin Cannon, Director, Safety and Health, at (703) 837-5410 or cannonk@agc.org.

**Did your company receive a 1st Place Award (in any category) in 2010 or 2011?**

**(NOTE: Grand Award and 1<sup>st</sup> Place Winners must sit out for two years before reapplying)**

Stop here. Congratulations on your accomplishments and past awards. Your company will be eligible two years after the last award received.  
Continue with the application.

**Has your organization, parent or subsidiary company, or one of your subcontractors experienced any occupational-related fatality on one of your projects involving an employee(s) during 2011?**

Stop here. Your company is ineligible to apply for this year's awards.  
Continue with the application.

**Has your company been a previous CSEA Winner and if so what place? (Mark one)**

Yes No 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> Please identify the calendar year? \_\_\_\_\_

**NOTE:** If your company or sub-contractors have a fatality involving an employee on any of your projects after submitting this application, but prior to the 2012 Annual Convention in Hawaii you must contact AGC America and notify them of the fatality. Your company will not be eligible to compete for an award and if you are a finalist, and your company will be removed from the eligible candidate list.

**Is your company a subsidiary, division of, or a member of a larger corporate entity? Yes No. And if you receive safety or technical support from the larger entity please identify who the corporate entity is here.**

(Co. Name \_\_\_\_\_) Parent company AGC National Member ID # \_\_\_\_\_

Company Name:	Contact Person:
Address:	Title:
City:	Phone:
State/Zip Code:	Fax:
Home Chapter:	E-mail:
AGC National Membership #:	NAICS#: FEIN#:

Print Name: \_\_\_\_\_

Title: CEO President Owner

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*CEO/ President/ Owner Signature Required*

## SECTION 2 (Entry Categories):

To better quantify your correct category, (example: C.M. or G.C.) please check the appropriate category that best fits your operation. Contact your chapter to determine your membership category if you are unsure (**Note: you can apply for one category only**). Also, you must enter all employee hours for the overall company in the applications under "Total Company Employee-Hours Worked". All General Contractors & Construction Management Companies need to identify their percentage of self performed work activities in work hours performed by **only their respective hourly employees**, not including management or administrative personnel.

For the purposes of the CSEA program, definition of Self Performed Work is: Work performed by direct hire pay-rolled employees, NOT subcontractors, temporary labor agency employees, owner subsidiaries or affiliated companies which operate under a separate business license or tax ID number.

*Note: Construction Management Criteria as follows:*

- *Must have direct site safety supervision on all projects.*
- *Must have safety and health clauses in contracts, with the ability to correct unsafe conditions and take disciplinary action toward contractors who create them*
- *Explain in detail, CM safety role on jobsites in Narrative Portion of Application (Section 3)*
- *A CM company may not exceed 15 % total work hours for all hours worked by their employees for skilled labor. Over 15 % craft work hours will be classified as a General Contractor*

### **Building Division:** (General Contractors only)

Under 100,000 work hours  
 100,001 – 250,000 work hours  
 250,001 – 450,000 work hours  
 450,001 – 650,000 work hours  
 650,001 – 850,000 work hours  
 851,001 – 1.25 million work hours  
 1,250,001 – 4 millions work hours  
 Over 4 million hours

\_\_\_\_\_ % of Work Hours Self-Performed by GC

List % Work by Individual Trades:

(Example: 10 % Carpentry)

\_\_\_\_\_ %: \_\_\_\_\_  
 \_\_\_\_\_ % \_\_\_\_\_  
 \_\_\_\_\_ % \_\_\_\_\_  
 \_\_\_\_\_ % \_\_\_\_\_

### **Construction Management:**

Under 500,000 work hours (no sub hours)  
 500,001 +

Check if you are in the correct category based on CM Management Criteria previously noted above

\_\_\_\_\_ Total subcontractor work hours for all projects

\_\_\_\_\_ % of Work Self-Performed by CM

List % Work by Trades:

(Example: 10 % Carpentry)

\_\_\_\_\_ %: \_\_\_\_\_  
 \_\_\_\_\_ % \_\_\_\_\_  
 \_\_\_\_\_ % \_\_\_\_\_  
 \_\_\_\_\_ % \_\_\_\_\_

### **Federal and Heavy Division:**

Under 100,000 work hours  
 100,001 – 300,000 work hours  
 300,001 – 700,000 work hours  
 700,001 – 1 million work hours  
 Over 1 million work hours

### **Municipal and Utility Division:**

Under 100,000 work hours  
 100,001 – 300,000 work hours  
 300,001 – 700,000 work hours  
 700,001 – 1 million work hours  
 Over 1 million work hours

<p><b>Specialty Division:</b>  Under 100,000 work hours  100,001 – 300,000 work hours  300,001 – 500,000 work hours  500,001—700,000 work hours  700,001 – 1 million work hours  Over 1 million work hours</p>	<p><b>Highway Division:</b>  Under 100,000 work hours  100,001 – 300,000 work hours  300,001 – 700,000 work hours    700,001 – 1 million work hours  Over 1 million work hours</p>
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**SECTION 3 (Injury & Illness Incidents & Frequency Rate) Note: These numbers will be confirmed during initial judging process. Missing information may result in reduction of judging points.**

	+CY '09	+CY '10	++CY '11
1. Average Number of Employees			
2. % of Self-Performed Hours Worked <i>Estimate through end of 2011</i>			
3. Total Employee-hours Worked <i>Estimate through end of 2011</i>			
4. Total number of lost work-day cases Injuries/Illnesses (Total in column H of the OSHA 300 log)			
5. Total restricted work-day cases (see formula below)			
6. Lost work-day Incidence Rate (see formula below)			
7. Total Recordable Injury/Illnesses (Totals in columns H, I & J of OSHA 300 log)			
8. Recordable Incidence Rate (see formula below)			
9. DART Rate (see formula below)			

+ CY = Calendar Year

++ *Estimated hours ONLY through end of calendar year (2011)*

The formula for either Lost work day or Recordable rates is:  $\frac{\# \text{ of (lost workday cases or total recordable cases) } * 200,000}{\text{Total Employee-hours worked}}$

The formula for DART rates is:  $\frac{\# \text{ of (lost workday cases plus total restricted work day cases) } * 200,000}{\text{Total Employee-hours worked}}$



## CONSTRUCTION SAFETY EXCELLENCE AWARDS APPLICATION: PART II (Narrative)

NOTE: To assure compliance to length of each narration portion below, any deviation from parameters set forth will result in disqualification. "All information in this summary will remain confidential"

### **Section 1: Executive Summary of Why Your Company Deserves to Win**

Provide no more than one-half page (12 font, New Times Roman, with at least 1 inch margins) describing why you believe your safety program deserves to win. **(WARNING: This section block is 5 ¼" long and any data that fills the section beyond this size WILL NOT PRINT AND CANNOT BE INCLUDED IN YOUR APPLICATION)**

## Section 2: Description of Company Projects

Provide a brief description of the last three types of projects your company performed. No more than one-half page description for all three jobs (8 ½ x 11 paper size, 12-font, Times New Roman, with at least 1 inch margins). **(WARNING: This section block is 5” long and any data that fills the section beyond this size WILL NOT PRINT AND CANNOT BE INCLUDED IN YOUR APPLICATION)**

### Section 3: Description of Your Safety Program

Provide no more than two pages (12 font, Times New Roman, with at least 1 inch margins) describing your safety program and your commitment to safety and health with an overview of its implementation, addressing all the criteria that applies.

Use this part as a guide to prepare the written description (qualitative description) of your safety program. Please include information about your orientation program, training program, recognition program, innovative practices and those elements described in the following table.

#### **Participant Involvement:**

Consider how the individuals closest to the daily work make decisions that improve safety. Please write about how your project managers/superintendents ensure that everyone is able to participate in the decision making process when it comes to safety.

#### **Open discussion:**

Consider how your project managers/superintendents ensure that there are open discussions about safety – how they communicate their expectations. Please write about a time when your project managers/superintendents made safety a priority in order to push a key project forward.

#### **Visible Management Commitment:**

Consider how your project managers/superintendents perform their daily site activities. Please write about a time when you had to communicate safety expectations to your customer while handling a number of competing priorities like schedule and quality.

Be creative. This is your opportunity to demonstrate that "special something" that sets you apart from the others - your core competency in safety. Explain the things that you feel you do better than everyone else. Judges will be evaluating the following: overview of Company safety program; high level of employee involvement in safety; new programs, procedures or resources used by Company to promote safety; Management's involvement/commitment to safety; and unique program elements used by Company to promote and heighten safety awareness.

**(WARNING: The following section blocks [pages 11 and 12] are 9” long and any data that fills the individual sections beyond this size WILL NOT PRINT AND CANNOT BE INCLUDED IN YOUR APPLICATION)**







## CONSTRUCTION SAFETY EXCELLENCE AWARDS APPLICATION: PART III (Checklist-Program Assessment)

### ALL INFORMATION WILL REMAIN CONFIDENTIAL

ALL APPLICANTS please indicate by placing an “X” in the appropriate box as to whether or not your company includes the following items in your accident prevention program. There may be items in Part II (checklist) that do not apply to your company. If so, the N/A response would be appropriate (For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.) Please provide an explanation in the Notes section at the end of the checklist for any NO or N/A responses.

<b>SECTION 1: Principal Commitment</b>			
YES	NO	N/A	
			Written Safety & Health Policy signed by company principal with an emphasis on company commitment to Safety & Health
			Designated Safety Administrator/Coordinator trained in Safety & Health hazard recognition and management/risk control
			Consider safety and health issues as an overriding factor during construction
			Have an annual safety and health budget, and budget(s) for each job. Funds available to support the safety program on company-wide and project-specific basis
			Company policy gives field employees authority to “shut down” a job or operation because of a hazard that presents an imminent danger to employees
			Have safety and health policy or requirements written into contracts to require subcontractors to meet your safety requirements
			Utilize a pre-qualification safety & health-screening method to select subcontractors, suppliers or vendors
			Require a site specific orientation for all sub-contractor, vendor, support personnel prior to project access
			Control and monitor all safety activities on jobsites
			Provide contractual provisions for termination of contractors for unsatisfactory safety performance

<b>SECTION 2: Accident Prevention Plan &amp; Procedures</b>			
			Provide safety and health rules that are equal to OSHA standards
			Provide safety and health rules that exceed OSHA standards
			Require Job Hazard Analyses (JHA) Job-specific tasks
			Company-wide Hazard Communication coordinator
			A job-specific Hazard Communication coordinator
			Standard procedure to inform and receive information from other contractors on the same job site
<b>New-Hire Orientation that includes:</b>			
			How to report injuries & unsafe conditions and work practices
			An overview of the company’s safety & health requirements

<b>SECTION 2: Accident Prevention Plan &amp; Procedures (Continued)</b>			
<b>New-Hire Orientation (Continued)</b>			
<b>YES</b>	<b>NO</b>	<b>N/A</b>	
			Location of first-aid kits/facilities
			Use and care of Personal Protective Equipment (PPE)
			Actions to take in the event of emergencies
			Overviews of the company's discipline procedures and enforcement policy
			Company's roles and responsibilities in the safety program
<b>Employee Training &amp; Documentation that includes:</b>			
			Have personnel on each job trained in first-aid and CPR
			Supervisors with OSHA extensive (i.e. 10/30-hr) hazard recognition/competent person training certification
			Fall protection systems
			Forklift operator training certification & evaluation
			Competent person safety training applicable for your business (i.e., Scaffolds, trenching & excavations, etc.)
			Fire Prevention
			Hazard Communication
			Defensive Driving
			Use of Personal Protective Equipment (PPE) and Respirators
			Confined Space Hazards
			Asbestos Hazard Awareness
			Lead Hazard Awareness
			Silica Dust Hazard Awareness
			Manual lifting Hazard Awareness
			Electrical Hazards, including Lockout/Tagout procedures
			Site-specific risks and hazard awareness
			Traffic Zone Hazard Awareness & Flagging
<b>A Written Policy or Procedures that includes:</b>			
			Lockout/Tagout of hazardous energy sources
			Permit-Required Confined Space entry procedures
			Blood borne Pathogens Exposure Control Plan
			Fall Protection Plan
			Fire Prevention & Emergency Action Plan
			Asbestos and Lead Procedures
			Trenching and Excavation Procedures
			Traffic Control Plan
			Vehicle Driver Selection & Fleet Safety Policy
			Assured Equipment Grounding or GFCI Program
			Disciplinary Procedures and Enforcement of Subcontractor Safety
			Workplace violence and harassment policy
			Explosives and Detonation Safety Plan
			Pre-lift cranes or hoisting equipment Plan
			Behavior-based observations & reporting
			Quality Assurance/Quality Control Plan
			Demolition Plan
			Muscle Strain Prevention Program

<b>SECTION 3: Designated Safety Coordinator/Manager/Committee</b>			
YES	NO	N/A	
			Safety responsibilities clearly defined in writing
			Must report to executive management
			Attends management and project safety meetings
			Has degree or professional certificates in safety and health
			Conducts and records safety inspections
			Conducts and records accident investigations
			Makes decisions on Safety Procedures & Policies

<b>SECTION 4: Emergency Procedures and First Aid/CPR</b>			
			First aid and CPR Certifications (Current and up-to-date)
			Written emergency procedure plan for evacuation
			Crisis Management plan
			Have the appropriate/adequate first-aid supplies and equipment on a job-site
			Have an emergency rescue plan in place for a fall and caught-in-between victim (i.e., falls, excavations, confined space, etc.)

<b>SECTION 5: Inspections &amp; Accident Investigations &amp; Reports</b>			
			Maintain safety and health recordkeeping requirements
			Provide safety inspection and accident investigation procedures
			Injury accidents are investigated promptly after an occurrence and a report is presented
			Accident reports are reviewed regularly to determine corrections
			Require safety and health inspections of each jobsite at least weekly by the supervisor
			Safety and health issues are discussed and addressed at each job progress meeting with the other contractors
			Require safety and health inspections of each jobsite by the company safety director or project manager at least monthly
			An investigation procedure for near misses
			Daily site inspections conducted by competent person
			Site inspections documented

<b>SECTION 6: Consistent Use of Safety Posters &amp; Posted Information</b>			
			All required Federal and State forms & notices posted at jobsite
			Post injury and illness records such as 300A form
			Communicate all environmental monitoring and test data with employees (i.e., post the results of air tests)
			Use warning signs on jobsites to alert workers to hazards
			Safe work practices and rules posted
			Crane or material handling hand signals posted

<b>SECTION 7: Substance Abuse Policy Procedures</b>			
			Written Drug & Alcohol Prohibition policy
			Drug Testing protocol
			Alcohol Testing protocol
			Employee Assistance Program or Counseling Referral Program
			Inclusion of Subcontractors in testing policy

<b>SECTION 8: Site-Specific Safety Plans</b>			
<b>YES</b>	<b>NO</b>	<b>NA</b>	
			Documented Pre-planning process/lists
			Weekly Safety Meetings (tool box safety discussions)
			Written site-specific plans (fall protection, confined space, etc.)
<b>SECTION 9: Participation in at least one construction safety activity by one or more employees. This would include all safety &amp; occupational health-related seminars, workshops and conferences.</b>			
			Construction-related association Training Class
			Active participation in a Construction-related association Safety Committee ( <b>specify organization</b> ): <b>Identify in Section 13</b>
			National safety organization conference
			Academia-sponsored safety seminar/conference (i.e., college, university or junior college)
			Local or Regional Safety Seminars
<b>SECTION 10: Return-To-Work Program &amp; Medical Management.</b>			
			Written Return-to-Work (RTW) program
			Written Modified Duty tasks or descriptions
			Coordination with physicians/modified duty descriptions
			Documentation of Supervisory training in RTW criteria
			Written claims management policy & procedure
<b>SECTION 11: Bilingual Employees</b>			
			Provide Safety Training in a language other than English
			Provide written material and signs in language other than English
<b>SECTION 12: General Contractors / Contract Managers Section Only</b>			
			Provide OSHA 10 hour training to field employees
			Provide 30 Hour OSHA training to field management staff
			Track subcontractor work hours by site or project
			Track subcontractor work related injuries by site or project
			Have a mandatory 100%-6 foot fall protection requirement for all trades OR adhere to your state run OSHA program
			Does your company participate in any OSHA Partnerships or Alliances
			Do you offer your subcontractors free OSHA 10 or 30 hour training
			Require JSA (job safety analysis) use by subcontractors for daily operations
			Require daily written crane inspections
			Require crane pre task planning for all picks
			Require 3 <sup>rd</sup> party crane inspections prior to crane operational start up
			Do you conduct daily pre-task meetings with involved trades covering high hazard work
			Do you conduct a project-wide muscle strain prevention program

**SECTION 13: Please explain in detail the reasons why you checked “NO” or “N/A” in the above Checklists (WARNING: This section block is 5 ¼” long and any data that fills the section beyond this size WILL NOT PRINT AND CANNOT BE INCLUDED IN YOUR APPLICATION)**